

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90276 008 ****61.25

DOCUMENT # N99000005631

1. Entity Name

THE PEOPLE OUTREACH MINISTRIES, INC.

Principal Place of Business

Mailing Address

**1712 TAMARIND AVE.
 WEST PALM BEACH FL 33407**

**1712 TAMARIND AVE.
 WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0949023

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCINTOSH, SUSAN
 1712 TAMARIND AVE.
 W. PALM BEACH FL 33407**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTOSH, SUSAN 1712 TAMARIND AVE. W. PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SKYERS, CRISTIAN 861 36TH ST. W. PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT MORGAN, CINTHIA 5100 45TH ST. W. PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, STEPHAN 1515 MARTIN LUTHER KING BLVD. RIVIERA BCH. FL 33404	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan McIntosh 1712 Tamarind Ave W Palm Beach Fla 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKYERS CRISTIAN 861 36th St W palm Beach Fl 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cynthia Morgan 5100 45th Blvd W Palm Beach 33407	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STEPHAN HARRIS 1515 Martin Luther King Blvd Riviera Beach Fla 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan McIntosh
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

TAX YEAR MONTH →		AMOUNT OF DEPOSIT (Do NOT type, please print.)		DOLLARS		CENTS		Darken only one TYPE OF TAX		Darken only one TAX PERIOD													
EMPLOYER IDENTIFICATION NUMBER → <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px 0;">BANK NAME/ DATE STAMP</div>		Name _____ Address _____ City _____ State _____ ZIP _____		IRS USE ONLY <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px 0;"></div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 941</td> <td><input type="checkbox"/> 945</td> </tr> <tr> <td><input type="checkbox"/> 990-1120</td> <td><input type="checkbox"/> 990-T</td> </tr> <tr> <td><input type="checkbox"/> 720</td> <td><input type="checkbox"/> 990-PF</td> </tr> <tr> <td><input type="checkbox"/> CT-1</td> <td><input type="checkbox"/> 1042</td> </tr> <tr> <td><input type="checkbox"/> 940</td> <td></td> </tr> </table>		<input type="checkbox"/> 941	<input type="checkbox"/> 945	<input type="checkbox"/> 990-1120	<input type="checkbox"/> 990-T	<input type="checkbox"/> 720	<input type="checkbox"/> 990-PF	<input type="checkbox"/> CT-1	<input type="checkbox"/> 1042	<input type="checkbox"/> 940		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> 1st Quarter</td> </tr> <tr> <td><input type="checkbox"/> 2nd Quarter</td> </tr> <tr> <td><input type="checkbox"/> 3rd Quarter</td> </tr> <tr> <td><input type="checkbox"/> 4th Quarter</td> </tr> </table>		<input type="checkbox"/> 1st Quarter	<input type="checkbox"/> 2nd Quarter	<input type="checkbox"/> 3rd Quarter	<input type="checkbox"/> 4th Quarter
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